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ABSTRACT

The final report summarizes activities regarding development of the Early Childhood Education for the Severely/Multiply Handicapped Project, a model demonstration program providing comprehensive and direct educational services to 0 to 6 year old children and their parents. The program and curriculum design is based on two phases--the early intervention phase which incorporates inhome and onsite activities for infants, toddlers, and their parents; and the basic skills phase which provides a preschool class at the center. Activities involving direct and related services to children cover the areas of referral, admission, evaluation and placement, individualized education program (IEP) development, curriculum, instructional programing, and child progress assessment. Intervention with parents is based on a three stage model--assessment of parental needs, knowledge and skill development, and maintenance. Minimum staff requirements are outlined for administrative, teaching, support, parent program, and program assistance personnel. Program impact is evaluated in terms of program continuation, demonstration and replication, child and parent progress, and dissemination. Appendixes, which make up half the document, contain sample admission forms, IEP forms, progress monitoring forms, parent assessment forms, a report on staff development and improvement procedures, preservice student involvement forms, and a parent program evaluation form. (SB)

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Final Report

Grant Number G007800196

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Early Childhood Education for the Severely/Multiply Handicapped

December 1981

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FOREWORD

This final report is submitted as a summary of activities regarding the development of the Early Childhood Education for the Severely/Multiply Handicapped Project in the Department of Special Education at Arizona State University. Chapters I-IV provide a pertinent description of the demonstration model. Evidence to support program impact is found in Chapter V.

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CHAPTER I

INTRODUCTION

Background

In its policy statement in 1971 the National Association for Retarded Citizens expressed a concern that the severely and profoundly retarded must be provided for in public school education programs. Since then we have seen an increase in court decisions, legislative action, and funding on the part of federal and local educational agencies to expand the delivery of services to all handicapped children (0-21). Child Find has brought a greater awareness of the preschool handicapped by the public sector. Public Law 94-142 has mandated appropriate individualized services for handicapped children in the least restrictive environment. Research has demonstrated the significance of adequate experiences during the early years (0-5) as being essential for both normal and handicapped children to reach their maximal potential. Some states have lowered their age limits for providing services to the handicapped to below age three. Early childhood education for the handicapped has become an accepted fact.

Even though early education for the handicapped is widely accepted, many programs operate on low budgets and only provide services for the preschool mildly and moderately handicapped rather than the severely and profoundly handicapped. Many inconsistencies exist concerning identification and evaluation procedures, curriculum design and content, and methods and techniques for program implementation. More data concerning effective programming must be

generated to provide input as a base upon which to build adequate service delivery models for the severely and profoundly handicapped child. this is especially true as we consider the demands of Public Law 94-142. It is apparent that the public schools will have the ultimate responsibility if all handicapped children are to be reached. This model further refines instruction, parent involvement, and pre- and in-service training to meet the needs of this population. A model of direct educational services for the preschool severely/ profoundly handicapped has emerged as a guide for program development by both public and private schools.

We are committed to the fact that the handicapped child, especially the young severely and profoundly handicapped, can learn beyond traditional and current expectations. We cannot, and the courts are saying that we may not, predict the limits of the child's potential by classifying and labeling him/her.

The severely and profoundly handicapped child's dependency on society can be reduced. To do so a continuum of sequenced life experiences is provided from level zero. Each child's progress through the sequence is documented to determine the effectiveness of the sequenced experiences as well as the effectiveness of the methods and techniques used. This requires an individualized educational plan for each child. The child's progress through the plan is carefully monitored to obtain a data base for refinement and, later, a model for replication. The ultimate goal at the end of the continuum is placement in the least restrictive environment.

Model Program Overview

A model demonstration program has been developed to provide comprehensive and direct educational services to severely/multiply handicapped (SMH) children, age 0-6, and their parents. The program is known as Early Childhood Education for the Severely/Multiply Handicapped (ECE-SMH) and is housed on campus at Arizona State University. During the first three years of operation the program was funded by the Handicapped Children's Early Education Program of the Office of Special Education, Grant #G007800196. Focus of the ECE-SMH program is to demonstrate an effective service delivery model that can be emulated by other programs. General goals for the program are:

1. To provide for direct services to severely, profoundly, and multiply handicapped children from birth to age six. The major objective is ultimate placement in the least restrictive environment.

2. To provide for parent participation in the form of parent training, counseling, child observation, advocacy training, and other activities.

3. To provide for preservice training of prospective teachers and others who work with these children and their parents.

4. To provide for interagency cooperation by working closely with other agencies in the community.

5. To provide an early intervention program for infants and toddlers.

6. To provide a demonstration model that can be emulated in the community in whole or in part.

The Early Childhood Education for the Severely/Multiply Handicapped Center program is based on the premise that severely/multiply handicapped individuals can learn beyond traditional and current expectations.

To accomplish this and to allow these individuals a chance to reach their maximum potential, a developmentally sequenced continuum of services starting at birth is provided. Within this developmental sequence each child and parent has his/her own individualized educational plan. Progress through the plan is carefully monitored and documented to determine effectiveness and/or provide information for plan modification. The ultimate goal is placement in the least restrictive environment.

The program and curriculum design is based on two phases. Each phase has a particular emphasis as follows:

Early Intervention Phase (0-3). This phase includes an infant and toddler program emphasizing the developmental areas of (a) gross motor, (b) fine motor, (c) perceptual, (d) language, (e) cognitive, and (f) social/emotional skills. In home and on site activities occur each week. Parents are trained in direct instruction techniques to implement the child's program in the home.

Basic Skills Phase (3-6). This phase provides for a preschool class at the Center. SMH children are enrolled up to three and one half hours a day for five days a week. Emphasis is on (a) self-help skills, (b) fine and gross motor skills, (c) communication development, (d) social skills, and (e) cognitive or preacademic development. Parent training and related activities are provided. In-class participation by parents encouraged.

Each child enrolled in the program has a comprehensive educational plan. All plans rely on functional behavior analysis, direct instruction, and behavior management techniques as a basis for

development and implementation. Data keeping procedures are used on an individual basis with all children to insure continuous progress.

Children to receive direct services from the ECE-SMH Program exhibit a wide range of disabilities that are defined as being severely, multiply, and/or profoundly handicapping conditions. The basic premise is that these conditions are preventing or delaying normal behavior development to the extent that these individuals are functioning significantly below their chronological age level. The definition adopted by the Office of Special Education (1974) is used as a basis to identify young children who might be eligible for the ECE-SMH program. This definition states:

> A severely handicapped child is one who because of the intensity of his physical, mental, or emotional problems, or a combination of such problems, needs educational, social, psychological, and medical services beyond those which have been offered by traditional regular and special education programs in order to maximize his full potential for useful and meaningful participation in society and for self-fulfillment. Such children include those classified as seriously emotionally disturbed (schizophrenic and autistic), profoundly and severely mentally retarded, and those with two or more serious handicapping conditions such as the mentally retarded-deaf and the mentally retarded-blind.
>
> Such children may possess severe language and/or perceptual-cognitive deprivations, and evidence a number of abnormal behaviors including: a failure to attend to even the most pronounced social stimuli, self-mutilization, self-stimulation, durable and intensive temper tantrums, absence of even the most rudimentary forms of verbal control, and may also have an extremely fragile physiological condition. (USOE, BEH, 1974)

It is important to note that this definition is cross categorical. Explicit in the definition is the fact that individuals classified as

SMH will exhibit a functional behavior level and/or a number of abnormal behaviors that prevent participation in traditional regular or special education programs. Both functional behaviors and the availability of appropriate services are significant as criteria for acceptance into the Center.

CHAPTER II

SERVICES TO CHILDREN

This chapter concentrates on procedures and activities involving direct and related services to children. Information is presented concerning referral, admission, evaluation and placement, IEP development, curriculum, instructional programming and child progress.

Referral Procedures

Potential children to be evaluated for placement in the ECE-SMH Center program are identified through referrals from the Central Arizona Child Evaluation Center (CACEC), local preschool programs, parents, public schools, and various other agencies. Most referrals result from a cooperative arrangement with CACEC. Constant liaison is maintained between the Parent Program Coordinator of the ECE-SMH Center and staff at CACEC. This person attends CACEC staffings, has access to CACEC files on potential children, and is available to explain the Center program to parents. By using existing agencies and other resources, the Center eliminates the necessity to develop an elaborate referral system. More resources are available for educational programming for children in the program.

Admission Criteria

The BEH definition for the severely/profoundly handicapped presented in the "Program Overview" section of this report (p. 4) is used as a basis for the admission criteria. Emphasis is on functional behavior deficits exhibited through multiple problems.

Established criteria are as follows:

1. All of these conditions must be met.

   a. The child must be six (6) years or younger as of October 1 of the academic year when application is made.

   b. The child must be unserved or underserved at the time of application.

   c. The parents or guardian must be willing to cooperate with the ECE-SMH Center staff and so indicate by signing an agreement delineating attendance and other responsibilities.

2. The child must evidence a severe, multiple, and/or profound handicapping condition pursuant to the BEH definition as determined by appropriate screening and evaluation by the Central Arizona Child Evaluation Clinic (CACEC) and/or ECE-SMH Center staff. Any one or combination of the following criteria will provide reason for acceptance:

   a. General functional behavior no greater than one-third (1/3) of that expected of a normal child of the same chronological age.

   b. Functional behavior no greater than one-third (1/3) of that expected of a normal child of the same chronological age in two or more of the areas of sensory, motor, mental, language, or social/emotional development.

   c. Excessive behavior such as self-mutilization, self-stimulation, and intense temper tantrums or an extremely fragile physiological condition that prevents participation in an existing community program.

   d. One or more deficiencies that have the probability of interfering with normal development to the degree that the child will function at a level no greater than one-third (1/3) of that expected of a normal child of the same chronological age. Probability will be determined and agreed on based on information available at the time of staffing.

Evaluation and Placement

Evaluation is accomplished through a series of steps called intake. The purpose of this procedure is to compile as many facts as possible about the child and his family. Coordinated by the Parent Program

Coordinator, intake starts with the first home visit and ends with a formal staffing to determine eligibility for placement.

Intake. The first home visit of the intake procedure is conducted to provide parents with more details and to gather information from the parents that will provide the staff with some knowledge about the child to be served, his parents, and the home in which he lives. The ECE-SMH Center Parent Program Coordinator and the parents work together in filling out an application (see Appendix I for Application) form for admittance into the program. A consent for evaluation is also signed at this first visit. Procedures to be followed after this first intake visit are determined by the manner of referral to the Center program.

If the referral is from CACEC, the first home visit is made after examining the data supplied by CACEC. The procedure then follows this general pattern:

1. Home visit by Parent Program Coordinator with appropriate Center staff member(s) if necessary.
2. Informal staffing to acquaint staff with the CACEC evaluation and the results of the first home visit.
3. Second home visit with emphasis on more in-depth assessment of the child's developmental history and the parents' perceptions of their needs in relation to their child's development. In addition to the Parent Program Coordinator, other staff members may be requested to participate in this visit.
4. Formal staffing to determine if placement in the ECE-SMH program is appropriate.
5. If placed, further assessment occurs for writing the IEP in 30 days.

If the referral is from a source other than CACEC, the procedure is:

1. First home visit with emphasis on explaining the program, determining what services the child and family have already received, and what their needs are.

2. Obtain all data on the child from sources indicated by the parents.

3. Second home visit for a more in-depth assessment by the Parent Program Coordinator and other staff if necessary.

4. Formal staffing to determine if placement in the ECE-SMH Center is appropriate.

5. If placed, further assessment occurs for writing a preliminary IEP to be completed within 30 days.

6. Referral to CACEC for evaluation if indicated. Begin working with the child while CACEC evaluation is ongoing.

7. Final staffing to determine the child's final placement in the program and modification of IEP if CACEC evaluation indicates a need to do so.

Assessment for placement. Assessment for program eligibility is based on evaluation information provided by CACEC and other sources as well as that obtained by the ECE-SMH Center staff. Information includes (1) intake data from home visits, (2) results from developmental instruments, and (3) direct observation. Those involved in assessment at the ECE-SMH Center include the Early Childhood Educator, Speech and Language Specialist, Physical Therapist, parents, and Occupational Therapist consultant when needed.

General guidelines which are considered when collecting and interpreting assessment information include:

1. Assessment is systematic, thorough, and accurate in order to provide relevant and effective educational programs.

2. Assessment is part of an ongoing instructional process.

3. Assessment is conducted after the child becomes accustomed to the setting and the assessor.

4. Primary individuals involved in the child's educational program such as teachers and parents are involved in conducting assessments. These persons observe the learning style and characteristics of the child and have a broader base for developing and conducting programs.

5. Assessment is conducted in the child's native language.

6. Known handicapping conditions are considered when assessing and interpreting test results. Testing adjustments are possible when the condition warrants to provide a more valid assessment of a particular skill.

7. General procedures for optimum assessment are based on each child's needs. Such considerations include position, size and color of materials, length and order of assessment and distractions.

In addition to functional behavior analysis based on direct observation, certain development scales and inventories are administered to obtain a more global indication of the child's level of functioning. These instruments fall into two areas: (1) those given to all children before program entry and at six-month intervals, and (2) those given at the discretion of the staff in an attempt to gain further insight concerning a particular problem. These instruments are:

1. Those given to all children

   a. Denver Developmental Screening Test, University of Colorado Medical Center, 1970.

   b. Minnesota Child Development Inventory, Interpretive Scoring Systems, 1974.

   c. Receptive Expressive Emergent Language Scale (REEL), University Park Press.

2. Those given for specific problems are selected from

   a. Sensorimotor Integration, Western Psychological, 1977.

b. Reflex Testing by Barnes, Crutchfield and Heriza, Stokesville Publishing Company, 1977.

c. Pre-Speech Assessment, by Suzanne Norris.

d. SEED Reflex and Therapeutic Evaluation, BEH, 1975.

e. Environment Pre-Language Battery, Ohio State University, 1975.

f. Environment Language Inventory, Ohio State University, 1974.

g. Porch Index of Communication Ability in Children (PICAC), Consulting Psychologists Press, 1973.

h. Milani Comparetti Motor Development Screening Test, UNMC Print Shop, 1978.

Through the use of an individualized assessment process which is systematic, thorough, and accurate, evaluation leads to an appropriately conceptualized IEP. Participation of parents and professionals in the assessment process allows each individual a working knowledge of the child's level of functioning and a common basis for contributing to the establishment of annual objectives. Such annual objectives are chosen from considerations of general developmental sequences and the child's emergent behaviors, priorities established by factors in the child's environment, and the child's areas of strength and weakness.

Final staffing procedures. A final decision to accept a child into the ECE-SMH Center program is made in a multidisciplinary staffing. The following individuals are expected to be present:

1. ECE-SMH Center staff member(s) involved in the intake and case finding process.

2. ECE-SMH Center staff member(s) who will have major responsibility for program implementation.

3. CACEC staff representative(s) for those children being evaluated at CACEC.

4. Parent(s) or guardian(s) of the child.

5. Optional: a child advocate who might be requested by the parent or guardian.

6. Such other individuals as may be necessary to provide an adequate interpretation of the child's functional level.

During the staffing, areas of exceptional need are delineated and program recommendations made. Program options are made available to the child and the parent or guardian and final decisions made. Within 30 days of a decision to accept a child into the program, an individualized educational plan (IEP) is developed and agreed upon by the parent(s) and ECE-SMH staff. The IEP is congruent with staffing recommendations and includes both long and short term objectives, suggestions for instructional procedures, a statement concerning any specialized equipment, and a date for review.

IEP development. Within 30 days of placement in the ECE-SMH Center program an IEP for the child and/or child and parent is developed and agreed upon (see Appendix II for forms). Staff and parents understand that the IEP is flexible and can be modified as new information comes to light. The IEP includes:

1. A statement of the child's present level of functioing.

2. A statement of long term goals which describe the functual performance to be achieved by the end of a specified period under the child's individualized education program.

3. A statement of short term instructional objectives which measure intermediate steps between the present level of functioning and the annual goals.

4. A statement of specific services needed by the child (determined without regard for the availability of those service(s).

5. The date when those services will begin and length of time the services will be given.

6. A description of the extent to which the child will participate in regular education programs.

7. A justification for the type of educational placement which the child will have.

8. A list of the individuals who are responsible for implementation of the individual education program.

9. Objective criteria, evaluation procedures, and schedules for determining each six months whether the short term instructional objectives are being achieved.

Curriculum

The philosophy behind the curriculum design is to provide an individual education plan (IEP) specifying direct services to the child who is severely multiply and profoundly handicapped and his/her family. A major goal of the IEP is placement of the child in the least restrictive environment. Curricula provide the framework of sequential goals within which specific instructional procedures, progress measurement procedures, and task presentation sequences are consistent within a theoretical and procedural structure. This structure considers the following:

1. Because the population at the ECE-SMH Center is markedly heterogeneous, an effective curriculum is capable of dealing with the anticipated variety of sensory and physical deficits and a wide range of developmental levels.

2. Curriculum processes form the basis of logical analysis, human development research, and commerically available programs to the basis of systematic observations of student performance.

3. Curriculum selection emphasizes the process and product of learning. Such emphasis makes possible a comprehensive curriculum which extends horizontally to provide repetition and a variety of skills needed for mastery, and extends vertically through closely sequenced activities designed to lead the student up the developmental scale.

4. Students may be impervious to experiences designed to promote cognitive development if the experiences demand thought processes more advanced than current levels of functioning.

5. Students are actively engaged in their environment, interacting with people and things.

6. Rates or tempos of development vary from person to person.

7. Structures of thought are general and apply across a variety of objects and concepts within the curriculum.

8. Teachers know and understand processes being promoted in order to prepare appropriately and to recognize the emergence of such processes leading to the accomplishment of specific objectives.

9. Curriculum activities are developed which require performance slightly in advance of current levels of functioning so as to be motivating but not frustrating. Achieving such a match requires skill in appraising development, in devising and implementing developmentally equivalent activities and assessing appropriateness and effectiveness of such activities, and in recognizing the end results.

Instructional considerations involve the use of skill sequences, task analysis, modes of learning, and behavior management to organize instructional interventions, to assess students' current functioning levels, to select, develop, and order learning tasks, and to evaluate instructional success.

Skill sequences are statements of what is to be taught and in what order. Precise sequences are most successful through adaptation by reordering skills, adding new skills and deleting skills. Skill sequences used at the ECE-SMH Center are continually refined on the basis of student performance, growing knowledge of human development and learning, and changing social values and expectations.

Coordinated use of skills to aid the student in generating a generalized plan for discriminating between objects and discriminating between responses is encouraged through exposure to:

1. one task, many skills--task analysis is used to divide a task into relevant features across curriculum areas.

2. one skill, many tasks--performance of a skill across a number of functional tasks which frequently occur in an individual's life experiences.

3. functionally related skills--skills are more functional and more likely to be maintained and generalized if taught and used in relation to other skills.

When the skills of an objective have been established as critical for a given student, task analysis is used as a problem solving method for determining what to teach and for developing the proper sequence. Such a task analysis is usually accomplished in six steps:

1. Delineate the behavioral objective.
2. Review instructionally relevant resources.
3. Derive and sequence the component skills of the objective.
4. Eliminate unnecessary component skills.
5. Eliminate redundant component skills.
6. Determine prerequisite skills.

A perusal of available guides, research, and child development literature has resulted in a rough compilation of general and specific curriculum objectives for preschool SMH children. Major areas include: (1) gross motor, (2) fine motor, (3) language, (4) self-help, (5) cognitive, (6) pre-academic, and (7) socialization. By using task analysis, the following organizational structure has been developed:

Level One	Major curriculum areas (see above)
Level Two	General Functional skill objectives resulting from a task analysis of each major area.
Level Three	Specific sub-skill objectives resulting from a task analysis of each general objective.
Level Four	Specific instructional sequences resulting from a task analysis of specific sub-skills.

EXAMPLE

Level One	1.	Self-Help
Level Two	1.1.	Dressing
Level Three	1.1.1.	Putting on pants
Level Four	1.1.1.1.	Puts on pants pulled to thighs.
	1.1.1.2.	Puts on pants pulled to knees.
	1.1.1.3.	Puts on pants with one foot in at ankle.
	1.1.1.4.	Puts on pants when they are placed in front of him.
	1.1.1.5.	Puts on pants when requested to get them and put them on.
	1.1.1.6.	Puts on pants when it is appropriate to do so.

The curriculum provides consistant, developmentally sequenced learning outcomes as a guide for individualized educational planning. It is seen as a vehicle for providing normalizing educational experiences leading to the least restrictive environment; while the IEP assures that appropriate experiences are provided and implemented. Therefore, a comprehensive curriculum and a means of determining and planning for deficiencies of each child is a critical antecedent in the normalization process.

Instructional Programming

The philosophy of the Early Childhood Education for the Severely/Multiply Handicapped Program is based on early intervention to insure development of the child's maximal potential. To accomplish this, instructional planning and implementation must be intense and direct. Of all instructional technique in use today, the direct instruction approach is most intense and direct. It is the model that is used in the ECE-SMH program.

Direct Instruction. The Direct Instructional Model emphasizes small group instruction by teachers or aides using a carefully predetermined sequence of lessons. This approach was designed and first put to use by Sigried Engelman and Wesley Becker at the University of Oregon. The model has been quite successful in the teaching of basic skills to a variety of children with special needs.

A brief review of the model can be summarized by breaking it into three general components. The first of these, the Pre-Task component requires that you secure attention before proceeding with teaching, state the rules for reinforcement before presenting the task, use hand signals to help keep attention, and vary the duration of the attention signals. The second component, the Task component, is the actual demonstration of the lesson. This component requires that you study the lesson carefully to determine its pacing requirements, use the minimum prompts necessary, fade the prompts out as soon as possible, use hand signals as "do it" signals, and pause before a "do it" signal to provide a "get ready" cue. Procedures for the last or Post-Task component include reinforcing the correct response, making reinforcement more intermittent as the learning progresses, correcting all mistakes, and reinforcing trying when the child is having a great deal of difficulty.

The ECE-SMH Center Project uses direct instruction in both small group and one on one teaching situations. Instruction is very carefully planned and written into a special format that pays particular attention to what the teacher does before, during and after a lesson is presented.

Child responses are systematically recorded to determine performance progress over time. This procedure, when well executed, minimizes the opportunity for error and therefore increases the chances of success. By providing detailed written plans, it is easier to involve others (parents and volunteers) in the instructional process. The teacher becomes a manager of instruction and more direct instruction can be provided for each child.

Plan Format. Each child has an instructional plan notebook that contains that child's current instructional plans and related information. Appendix III, Progress Monitoring Proecedures, contains copies of the forms used to develop an instructional plan. The first form provides a direct tie into the child's IEP. It lists the curriculum area, long-term goal, and short term objective from the IEP. The short term objective becomes the basis for an instructional program. Identification information as well as additional clarification of the skill/task and prerequisites is also included. Next is the Instructional Plan Sheet. This sheet provides a step by step procedure for teaching each task or skill. It is developed as the result of a task analysis of the short term objective. Very specific information and instructions are provided for the program implementor. Structure and consistancy is characteristic of the plan format.

Early Intervention Class. This class meets two-and-one-half hours twice each week at the Center. These weekly meetings are divided into two activity sessions. During the first one-and-one half hours, the parents implement their child's program under the supervision of the teacher.

New programs are introduced, progress is noted, and questions related to the child's program are answered. In short, the parent is trained to carry out the child's program at home. At this time once a week input is provided by the speech/language specialist and physical therapist on a consulting basis using a team approach. Specific techniques are modeled at this time by the support staff to be carried out on-site and at home.

During the last hour of the class, the mothers attend a group meeting where various topics are discussed. Speakers, tapes and films are scheduled. An opportunity for sharing and support is provided under the guidance of the Project's Parent Program Coordinator. While the mothers are involved in this component of the program, their children remain in the classroom with the Infant Teacher, student volunteers and interns. IEP assessment, programming and continued general stimulation activities are conducted. This provides a brief respite time from each other for both parent and child and a unique opportunity for the Infant Teacher to interact individually with each child.

Periodically, the Infant Teacher visits the home of each student in the program. These visits usually last from 1-2 hours depending upon the health, temperment and need of the child and family. At this time the teacher observes the child in its home enviornment, provides direct instruction to both child and parent and discusses family needs. Any questions or requests for services by the parents are noted in a weekly home visit record kept by the Infant Teacher. Current medical information and upcoming evaluations are also verified,

discussed and logged. This home visit time is a significant aspect of the Early Intervention Program, and provides a bond between the educational and home environment of the handicapped child.

Basic Skills Class. All activities for this class are held on-site. Children attend a classroom type setting from 9:00 a.m. to 12:30 p.m. each week day. One-to-one and small group activities occur during this time. Emphasis is on the development and use of a comprehensive IEP to meet the specific needs of each child. The classroom is managed by a full-time teacher with the assistance of a three-fourths time paraprofessional and a number of preservice students at various times.

Direct instruction techniques with an emphasis on child specific functional behavior are used. Behavior is considered developmentally and close attention is paid to proper sequencing for each child. Through a process of task analysis, instructional sequences are developed for each short term objective. After initial acquisition of a skill by the child, generalization and maintenance is enhanced by integration into multiple skill and task situations. The basic premise is that learning must transfer to other situations to be functional. Table I (page 22) presents an example of a possible daily program.

Support services on a consultative basis are provided once a week by a speech/language specialist and physical therapist. Instruction and demonstration is provided for the teacher and parent if needed. Additional support is provided in the form of evaluation and progress monitoring.

TABLE 1

DAILY SCHEDULE FOR BASIC SKILLS CLASS

Time	Event
9:00 - 9:20	Arrival (feeding programs)
9:20 - 9:40	Opening Circle
9:40 -10:00	Individual Programs*
10:00 -10:20	Individual Programs
10:20 -10:40	Water table play
10:40 -11:00	Individual Programs
11:00 -11:20	Individual Programs
11:20 -11:30	Lunch Preparation
11:30 -12:00	Lunch
12:00 -12:10	Grooming
12:10 -12:25	Individual Programs
12:25 -12:40	Closing, Parent Conferences

*i.e., cognitive, self-help, social-emotional, gross motor, fine motor, sensory-motor, language

Child Progress Assessment

Most evaluation procedures of student performance are only indirectly related to daily classroom performance. The ECE-SMH Center advocates direct and daily measurement of student performance for use in instructional planning, decision making and program evaluation. Procedures which involve counting, recording, and charting a student's performance on a daily basis are essential to an exact and scientific approach to the evaluation of in-class performance.

Any progress monitoring system for preschool severely and multiply handicapped children must take into account a multitude of functional, sensory, physical and mental levels that exists in this group. The following factors were considered in the selection of approaches that, when combined, form the monitoring system used by the Early Childhood Education for the Severely/Multiply Handicapped Center (ECE-SMH Center):

1. Flexibility - A system that does not discriminate against specific handicapping conditions and children.
2. Frequency - A system that allows for continuous and daily recording of data.
3. Directness - A task and skill specific system based on observed, countable behavior.
4. Proficiency - A system that allows for specific criteria to determine mastery.
5. Transportable - A system that is easy to learn, use and transport to other programs.
6. Interpretation - A system that provides for consistency in interpretation for making program change decisions.
7. Visibility - A system that provides for an accurate pictorial representation of progress.
8. Research - A data recording system that provides data for research purposes.

Progress Monitoring Forms. The first two forms of the progress monitoring system of the ECE-SMH Center program were explained earlier. Examples of all forms are found in Appendix III. The forms referred to here include:

1. Individual Response Sheet: The Individual Response Sheet is used to keep track of the child's responses for each trial of a program. The implementer circles a correct response and puts a slash through an incorrect response. The number of incorrect and correct responses are totaled and put into percentage data. These total percentages are connected on the chart so we have a graphic representation of the child's progress. The Response Sheet also reflects changes in reinforcers, stimulus, and indicates the mastery level and number of trials required. This allows a person to view the data in relation to any changes that might have occured in the program.

2. Nine Week Percent Chart: This form is a modification of the Six-Cycle-Chart that allows for charting the percentages of correct responses. The semi-logarithmic concept is maintained to provide a more accurate basis for instructional decision making and prediction of goal attainment.

3. Monthly Program Summary Sheet. This form provides the teacher and parent with a monthly summary of all program activities with a particular child. It is important in documenting the amount of direct instruction time provided for each child.

Systematic and consistent programming procedures have been established to provide service for children enrolled in the ECE-SMH program.

CHAPTER III

SERVICES TO PARENTS

Goals

The responsibility of the ECE-SMH Center staff is to assist the parent in any way possible to become an increasingly effective teacher of their child. To accomplish this, the following goals are established:

1. Assist parents in expanding their skills as parents and as the first and most important teacher for the SMH child.
2. Develop within parents of the SMH child a new awareness of their own identity and self-worth in order that they can provide their child with a stimulating home environment conducive to learning.
3. Provide parents contact with other parents of SMH children in order to share ideas and information and to work together toward an effective solution to problems.
4. Create a partnership of parents and staff working toward the goal of maximizing the child's potential for growth.
5. Support the parents in their daily living arrangement.
6. Provide factual information to the parents of the SMH child so that they may better understand their child, his handicap, and themselves.

Parent Involvement Guidelines

Individual differences of each parent and family situation is recognized. Services are planned based on flexibility and individualization with an emphasis on multiply options. To provide continuity and consistancy the following activity guidelines are considered:

1. Parents needs must be assessed initially and on an ongoing basis.
2. Effectiveness of parent involvement must be evaluated.
3. Parents must be included in planning and developing educational programs for their child and themselves.
4. Parents must be instructed to implement and monitor their child's program at home.
5. Small group sessions are to be held on a weekly basis for training and feedback.
6. Large group sessions must be held periodically as a vehicle to inform parents.
7. The needs of siblings should be considered in a parent involvement program.
8. Parents must be involved in various program activities - classroom participation, advisory committee, observation, etc.
9. Experienced parents must have the opportunity to teach other parents.

Intervening with Parents: A Model

Based on the literature and direct experiences with parents of severely and multiply handicapped preschool children a three stage model has been developed. The major purpose of the model is to maximize parental involvement by creating a partnership between parents and staff members. A basic premise of the model is that parents and other family members are the child's first and primary teacher. There is a direct relationship between effective parent participation and program success. The three stages of the model are: 1) assessment of parental needs; 2) knowledge and skill development; and 3) maintenance.

Assessment of Parental Needs. Formal and informal procedures are used in assessing parent needs and readiness skills. This includes discussions in the home during the intake period to establish rapport between parents

and staff and the use of various instruments developed by the staff (see Appendix IV). In general, parents are assessed on four dimensions: 1) acceptance; 2) contact with professionals; 3) family support, and 4) community. Table 2 on page 28 presents a more detailed outline of the content of these dimensions. In addition to determining parent need, there is a strong concern and attempt to assess parental readiness to participate in various activities. This is quite difficult to accomplish with any degree of reliability and validity. More work is needed in this area to refine these procedures.

The areas of concern listed are gross indicators of risk. Parents scoring high on various dimensions are not good candidates for involvement in the education of their youngster. Appropriate interventions would be to refer the parents to a qualified counselor or therapist, get them involved in support groups, such as a parent group, Pilot Parents, the local Association for Retarded Citizens, etc. It may be appropriate to refer these parents to some social agency for economic, educational, medical or other reason. Someone on staff should be able to make such referrals.

TABLE 2

OUTLINE OF PARENT ASSESSMENT DIMENSIONS

1. Acceptance

   recency of awareness of child's handicap.
   resumption of typical behaviors.
   able to voice frustrations and anger to trusted others.
   withdrawal or overprotective solicitous parenting behavior.
   personal resources (intellectual, emotional, etc.).
   stress tolerance.
   grief or depression

2. Contact with professionals

   satisfaction with medical services.
   satisfaction with educational services.
   satisfaction with support services.
   availability of accurate information regarding diagnosis,
   prognosis, services.

3. Family support

   supportive family environment (marriage, parent-child relationship).
   adequate resources (financial, time, etc.).
   balance among family members needs.
   attends to personal needs.
   availability of social and extended family contacts.

4. Community

   availability of services
   availability of support groups
   legislative priority

Parents scoring in the moderate range are those which may be ready for involvement but only with adequate support. They may be in need of a "buddy" or special tutor to help orient them to the program, make them feel welcome, or otherwise listen and be supportive. If recommendations or assignments are made,they should be minimized and communicated in simple, easily achieved steps. (More than two or three pieces of information may become confusing.) It is important to let the parents pace themselves as to when they are ready to take a more involved, active role in skill building.

Some proportion of parents will come into the program being ready to become an active partner in the educational process. These parents must be given some autonomy and challenge or they may become discouraged. With this stage, real technical skills may be developed without severe interference from the readiness factors indicated. A caution here - situations can change for the worse as well as improve. It is imperative that parents who are doing well not be ignored due to demands by those who may not be quite as ready. A maintenence program that enhances the skill and knowledge of these parents is essential.

This systematic approach to parental needs assessment allows for the development of a plan that meets the real needs of parents when they are ready. Future problems are prevented and current involvement is effective. Table 3 on page 30 indicates how various interventions may be employed relative to various levels of risk.

TABLE 3

PARENT INTERVENTIONS BY RISK FACTORS

Risk Factors	Interventions
High Risk	- Referral to counseling
	- Referral to social agencies
	- Referral to support group
	- Refrain from making demands
Moderate Risk	- Assign tutor or buddy
	- Minimize demands, instructions, requirements
	- Allow for self pacing of readiness
Low Risk	- Development of maintenance strategies
	- Utilize skills of parent in training and teaching peers
	- Recognize strengths - focus on positions

Knowledge and Skill Development. During stage two of the model parents are provided with experiences that increase their effectiveness as parents of their handicapped child. These experiences focus on knowledge development, attitude change, and skill development. The following outline details specific activities in each area:

1. To increase knowledge parents are provided information on:

   - handicapping conditions and causes
   - normal child growth and development
   - development of the handicapped child
   - community resources
   - rights of the handicapped
   - educational opportunities/programs
   - current legislation
   - rights of parents
   - direct instruction

2. To change attitudes parents are provided the following experiences:

   - one-to-one counseling
   - group counseling
   - parent group discussion
   - program observation and participation
   - program implementation with child
   - peer teaching
   - conferences with staff

3. To develop skills for working with their handicapped child parents are trained in:

   - task analysis
   - behavior management techniques
   - direct instruction
   - data collection
   - instructional planning
   - skill sequencing
   - positioning and handling
   - self-help skills

Various avenues are used to help parents develop in the above three areas. Some are implicit, especially in the areas of knowledge and attitude. Other avenues include modeling, practice, peer teaching,

immediate feedback, information building, presentations, and small group training. Options and lines of communication must be open. Flexibility is essential in meeting all individual needs.

Maintenance. The third stage of the model is in many ways the most important. At the same time it is often the most difficult to implement. A major key in maintaining and enhancing parental involvement has to do with the quality of the experiences encountered at Stages I and II. It is essential to see that contacts are positive or have a positive outcome. Three successful activities in this area are peer teaching, parent support groups, and successful child program implementation by the parent. These experiences are integrated into the program as early as possible with each parent. Every effort is made to see that the parent can implement and monitor the progress of their child's program in the home. This is the ultimate test of effective parental involvement.

CHAPTER IV

STAFF DEVELOPMENT AND OTHER TRAINING ACTIVITIES

This chapter deals with significant factors related to personnel selection, employment, and training. In addition, some information will be provided concerning procedures for training others. The purpose of this section is to describe minimum staff requirements to operate the program described in Chapter's II and III.

Personnel Requirements

Administrative. The program described in previous chapters is part of a larger administrative unit - Arizona State University. Fiscal management functions are absorbed into this system and paid for by a percentage of total costs. For efficient program operation a .10 FTE prgram director is essential. This individual's major responsibility is for fiscal and personnel management which includes staff selection and supervision, budget monitoring and planning, and report writing.

Minimum qualifications include a Master's degree in Special Education, knowledge of programming for preschool children, and previous administrative experience or training.

Teaching Staff. Two early childhood educators are required full time to insure satisfactory program operations. One is responsible for the Early Intervention Class (0-3) and one for the Basic Skills

Class (3-6). Responsibilities of these individuals include:

1. Assistance with assessment
2. Development of IEP's
3. Implementation of IEP's
4. Training of parents and others
5. Data collection for child progress monitoring
6. Coordination of support services

Minimum qualifications include a B.A. degree in early childhood education of the handicapped with some experience at the preschool level. There must be strong evidence of skill in direct instruction techniques and working with parents. A knowledge of child growth and development and curriculum is essential.

Support Staff. A qualified physical therapist and speech and language specialist is employed .25 FTE in a consultative role to provide services to staff and parents. The major responsibilities of these individuals are to provide evaluations, program recommendations, staff and parent training regarding special equipment and techniques, and assistance with child progress monitoring in their particular area of expertise.

Minimum qualifications include appropriate certificates and experience with preschool severely and multiply handicapped children.

Parent Program Coordinator. This person has expertise in social services and is employed .50 FTE to coordinate all parent involvement activities. Duties and responsibilities include:

1. Coordinating intake and case finding activities.
2. Coordinating multidisciplinary staffings to determine eligibility.
3. Holding parent meetings.
4. Providing parent information packets.
5. Coordinating parent needs assessment.
6. Referring parents to appropriate community resources.
7. Providing student follow-up.
8. Assisting with home programming.

Minimum qualifications include a Master's degree in social services or Early Childhood Education of the Handicapped with evidence of considerable (3-5 years) experience with SMH preschool children and their parents.

Program Assistance staff. Program assistance is provided by a paraprofessional aide and a secretary. The roles are to assist staff members in carrying out their duties. The aide is .75 FTE and is assigned to the Basic Skills class to assist with instruction, pupil supervision, and general housekeeping. The secretary is responsible for general clerical and office management and is employed .50 FTE.

Minimum qualifications of these two individuals include a high school diploma and specific skills to perform their respective roles.

Staff Development and Training

Staff development for the ECE-SMH Center personnel is based on the philosophy that well trained staff members are essential if they are to be effective in delivering services to SMH children and their parents. To accomplish this, activities concentrate on (1) complete familiarity with the total program, (2) knowledge of ongoing community programs and related resources, and (3) those skills necessary to implement the approach defined by the project.

Program Orientation Includes:

1. Familiarity with the project routinely conducted by the project director. A pre-orientation and continuous orientation through weekly staff meetins is used as well as opportunities for interaction among staff members concerning their particular responsibilities.

2. Biweekly staff meetings to discuss ongoing activities and problems with specific children.

Community Awareness

1. Visitations of ongoing community programs serving the SMH preschool child.

2. Attendance at related community workshops on medical problems, assessment, and special concerns.

3. Visits to public school programs where children are placed at age six.

Skill Development

1. Technical assistance provided by WESTAR.

2. Seminars provided by Department of Special Education faculty on special topics as needed.

3. Opportunity to complete related courses for credit at ASU for a nominal registration fee.

A staff development and improvement procedure is completed by each ECE-SMH Center staff member who is involved with children and parents who are enrolled in the Center program. The purpose of the procedure is to determine each staff member's perceptions of their needs and attitudes towards providing services to severely and multiply handicapped children from birth to age six and their parents. Information obtained from the self assessment survey is used to pin point general and specific needs that must be addressed in planning for staff improvement activities. General needs are planned for in group inservice sessions while specific needs are met through an individual contract system. Systematic and consistent use of the procedure improves total program effectiveness as well as determines areas that need additional research and training emphasis. The survey

and contract forms are found in Appendix V.

The following steps are followed in completing the procedure:

1. The "Staff Development/Improvement Survey" is completed during presession orientation.

2. Compiled information is presented to the staff at a staff meeting. It is discussed and objectives for improvement are formulated.

3. Activities to match started objectives are selected and organized into a staff improvement plan for the year.

4. Immediately after general staff improvement objectives are determined for the year, the program director begins to meet with individual staff members to pin point specific needs. Individual objectives are formed, activities identified, and a contract drawn up and signed by the staff member and program director.

Evaluation of staff development and improvement activities occurs on three levels:

1. Staff evaluates general inservice activities by completing a reaction form as to quality and usefulness of each activity.

2. Individual contract activities are dated when completed.

3. The "Staff Development/Improvement Survey" is repeated in mid May and compared with the results of the September survey.

During the summer this evaluation information undergoes critical analysis to identify weaknesses for procedure revision and refinement.

Training for Other Personnel

One of the objectives of the ECE-SMH Center Program is to provide a resource for preservice training of University students across disciplines. Procedures are in place that allow for participation for non-credit or credit through the Department of Special Education.

Students involved in the program have options for training relevant to their present level of teaching skills and their commitment in time and interest to the Center. Specific areas of involvement include the following:

1. Observation (general) of classroom activities.
2. Observation of teacher-child interaction with access to plans and rationale for such interaction.
3. Observation of initial and ongoing assessment by the staff.
4. Training in the use of data collection methods employed at the Center to monitor child progress.
5. Training in the use of and rationale for behavioral management techniques used in the classroom.
6. Conduction of individual and/or small group programs prescribed by professional staff.
7. Participation in child staffings.
8. Involvement in the parent component through Center based and home based activities.
9. Research with a specific aspect of the Center program conducted under the direction of Department of Special Education faculty.

All classrooms are equipped with observation corridors and a two way communication system.

These areas are organized into four levels. Each level has its own specific objectives and required activities. A brief description of each level follows:

Level A. This level provides observation experiences only. It is designed to give students an awareness of the characteristics of this population and how they are managed in the classroom. No formal

application is needed for this experience.

Level B, This level provides limited participation with the preschool children enrolled in the program. It is used to satisfy short practicum experiences required as part of specific courses. After a period of observation and review of a series of slide/tape presentations students are given the opportunity to work with children on a limited basis. An application and interview by staff is required.

Level C, This level involves a more extensive experience and time commitment. Students may receive from one to four hours of university credit for experience by registering for independent study, readings and conference, or special topics. An application and interview is required. In addition to completing requirements in Level B, more intense orientation and training occurs before students are allowed to run programs with children. Weekly seminars are also held as part of this experience.

Level D, This level requires a full time commitment on the part of a student. It is reserved for advanced special education majors at the undergraduate or graduate level to satisfy student teaching or internship requirements. Students participating at this level must satisfy all previous level requirements. In addition, they are expected to be able to manage a classroom setting at the end of their experience. An application and interview is required.

Starting at Level C each student completes a pre-post self assessment survey (see Appendix VI). Additional evaluation instruments are also used at Level D as required by the Department of Special

Education. The convenience and intensity of these experiences are quite effective in providing hands on experience for preservice students.

CHAPTER V

PROGRAM IMPACT

This chapter of the final report provides documentation of the actual and potential impact of the model previously described. It is divided into three major sections: (1) Continuation; (2) Demonstration and Replication; (3) Evaluation of Child and Parent Progress and (4) Dissemination.

Continuation

Program activities are continuing for 1981-82. This is made possible as a result of the following:

1. Facilities and operational expenses are provided and maintained by Arizona State University.
2. A clinical teaching position is provided by the College of Education. This position is full time and carries the responsibility of total program management and management of the early intervention class.
3. A Title VI, Part B grant of $20,500 to employ personnel and provide minimum operational expenses for the Basic Skills Class.
4. Telephone, office supplies and clerical assistance provided by the Department of Special Education.
5. Some released time for the program director provided by the Department of Special Education.

It is anticipated that the program will continue to serve the same number of children - seven to ten children in each of the two classes. Two major changes have occurred: (1) the age level for the Early Intervention Class has been changed to 0 through 2 and the Basic Skills Class to 3 through 5 and (2) the Basic Skills Class meets MWF for three and one-half hours each day with a greater

emphasis on parent involvement and training. Parents continue to receive support and training in order to implement their child's program in the home.

Preservice students from various disciplines continue to participate in the program. Course work for credit is available on TTh for those who want to participate with infants and on MWF for those desiring to work with 3 to 5 year olds. Observation is open on any day. Activities remain essentially the same as previously described.

Efforts are continuing to convert the model program into a laboratory school for training preservice and inservice students to work with preschool children. Currently a decision package is before the University administration to include the program as part of the University budget. The focus of the continuation is to maintain the model as developed and increase emphasis on training activities.

Demonstration and Replication

The ECE-SMH Center is a model demonstration program for the delivery of services to severely/multiply handicapped preschool children and their parents. One of the program purposes is to demonstrate quality practices that can be emulated by preservice students in training and professionals from the community. Table 4 on page 44 presents a summary of the observation and participation of students and professionals from fall 1979 through summer 1981. This summary represents a wide range of experience starting with

awareness at the observation level to intense skill development at the participation level. This is a significant demonstration impact when one considers that a grand total of 867 or more individuals had some exposure to the ECE-SMH Center Program.

Replication of the model practices of the program occurs as the result of training preservice students. This is significant when further analysis of Table 4 reveals:

1. 80 non-credit participants spent a total of 3,732 hours working in the program for an average of 47 hours each of intense practicum experience.

2. 29 credit participants earned an average of 2.70 semester hour credits working in the program. This is equivalent to approximately 122 clock hours each.

No formal procedures exist to measure how much of what preservice students acquired in the program will be used at a later date. However, it is felt that the quality of these practicum experiences do and will have impact on the quality of services provided to preschool SMH children now and in the future.

Evaluation of Child Progress and Parent Involvement

One of the most difficult aspects of providing services for the preschool severely and multiply handicapped population is the evaluation of program impact on child progress. The low incidence of this population coupled with basic ethical considerations when using traditional or even more current research designs often preclude or minimize efforts to collect valid and reliable data. Without such data it is quite difficult to fully document changes that occur as a result of program interventions. Because of these difficulties, the evaluation of the progress of children

TABLE 4

Summary of Community and Preservice Student

Observation and Participation

1979 - 1981

Time Period	Number of Observations		Participant Volunteers		Participant For Credit	
	Preservice Student Visitors	Community Visitors	Number of Individuals	Hours at Center	Number of Individuals	Hours * Credit
Fall Semester 1979	109	41	17	686	9	21
Spring Semester 1980	130	8	30	961	7	15
Summer 1980	32	12	10	502	3	18
Fall Semester 1980	231	46	12	904	4	6
Spring Semester 1981	142	7	11	679	6	18
Total	644	114	80	3,732	29	78

*Each hour credit is equivalent to 45 clock hours of direct contact.

and parents participating in the ECE-SMH Center Program is viewed relative to its educational significance as opposed to experimental significance. This implies that the program does make a difference even though it cannot be proven statistically.

The two major program components have to do with services to children and parent involvement. Available information that supports program impact in these two areas is discussed in the following pages.

Child Progress. Both summative and formative data have been collected to determine child progress. Formative data collection procedures were explained at the end of Chapter II in the brief description of the progress monitoring procedures developed and employed by the program. This data is used on a daily basis to help make instructional program change decisions and to determine when a specific task or short term objective has been met. The basic assumption is that as long as the child's response chart is showing improvement the child's progress is satisfactory. This continuous progress data is used in making summative decisions concerning mastery of short and long term objectives from the IEP. The impact of this procedure on child progress is that instructional problems can be identified quickly and corrected before valuable time is wasted. Thus more efficient and effective daily programming occurs.

Gross child progress was measured by using developmental scales in a pre and post-test situation. Severe and profound conditions of some children enrolled in the program often prevented the use of

available developmental scales. This has eliminated data on about 40% of those enrolled in the program. Table 5 (page 47) contains a summary of usable pre- and post-test data from the Receptive-Expressive Emergent Language Scale (REEL Scale) by Bzoch and League.

Visual inspection of Table 5 shows a definite increase on the average of post-test results over pre-test scores. Quotients were obtained by dividing each child's language age by his CA and multiplying by 100 or from tables provided in the REEL manual. The average increase in the receptive quotient was 17.08, expressive quotient was 8.42, and language age quotient was 13.25. On the average each child remained in the program for 22.25 months.

No attempt has been made to determine the statistical significance of the data. However, inspection of Table 5 suggests that the ECE-SMH program did have an impact on the language development progress of children enrolled in the program.

Parent Program Satisfaction. Parent involvement activities were evaluated by having parents respond to the inventory found in Appendix VII. Eleven of twenty-five forms were completed and returned. Perusal of the completed forms indicates that parents were quite satisfied with the ECE-SMH Program activities and felt that they were and could be much more effective in meeting the needs of their handicapped child.

Dissemination

In order for the ECE-SMH program to impact on other services for SMH preschool children, information about the program must be

TABLE 5

Summary of Pre- and Post-Test Quotients on the Receptive-Expressive Emergent Language Scale for Twelve Cases

	Pre-Test				Post-Test		
Cases	RQ	EQ	LQ	TIP	RQ	EQ	LQ
1.	32	21	27	25	44	44	44
2.	67	38	52	23	75	75	75
3.	35	35	35	17	42	39	41
4.	42	39	41	14	42	42	42
5.	75	75	75	21	103	76	93
6.	33	40	37	20	86	31	59
7.	77	46	62	20	67	61	64
8.	40	25	33	20	75	30	53
9.	0	10	5	31	10	5	7
10.	42	25	33	18	67	30	48
11.	35	48	41	29	67	63	66
12.	5	0	0	29	8	7	8
Sums	483	402	441	267	688	503	600
Average	40.25	33.50	36.75	22.25	57.33	41.92	50.00

RQ = Receptive Quotient

EQ = Expressive Quotient

LQ = Language Quotient

TIP= Time in Program in Months

disseminated. Efforts in this area have occurred at the community, state, and national level. Specific activities under each of these areas are listed below:

A. Local and State

1. Local TV/newspaper coverage
2. Program overview to ASU faculty and interested students
3. Open house and presentation by Dr. James Towney - October, 1979
4. Routine presentations to ASU classes
5. Program description to both public and private schools
6. Direct Instruction Workshop, October 15-16, 1980
7. Parent Involvement Workshop, April 22-23, 1981
8. Presentation at State CEC Federation, fall, 1978 and spring, 1979

B. National Presentations

1. 1979 (Oct.) TASH Conference, Chicago. From placement to exit: Programming and performance monitoring of severely/multiply handicapped preschoolers and infants.

2. 1980 (Oct.) TASH Conference in Los Angeles.

   a. Getting them ready: A direct instruction model for SMH preschoolers.

   b. Maximizing parental involvement.

3. 1980 (Nov.) Region IV AAMD Conference. Progress validation: Direct instruction for severely and multiply handicapped infants.

4. 1981 (April) CEC Conference. Early Intervention programming for the handicapped infant.

Some products are available or at various stages of development. These include:

A. Slide/tape presentations

1. Program Overview. This is a seven minute overview of the program.

2. Parents Can Teach. This is a description of the infant component of the program.

3. Preservice Training Modules. This is a series of three modules used for training preservice students involved in the program.

   Module 1: Program Overview
   Module 2: Parent Involvement
   Module 3: The Basic Skill Class

B. Progress Monitoring Procedures. These procedures are found in Appendix III. They are currently undergoing revision and will be available for distribution during late summer or early fall, 1982.

The ECE-SMH program has made an effort to evaluate the impact of its activities on the children and parents enrolled in the program. A lot has been learned about effective evaluation of this low incidence population. Considerable refinement still needs to occur to collect the unquestionable data necessary to convince those holding the purse strings that the major solution to reaching the SMH individual is by starting at and before birth. Efforts are continuing to see that this difficult task can and will be accomplished.

APPENDIX I

Application for Admission

Developmental History Form

ECE-SMH CENTER
Arizona State University
Tempe, Arizona

APPLICATION FOR ADMISSION

Date _____

Name of Child _____ Sex _____ Age _____
Last First Middle

Birthdate _____ Birthplace _____ Phone _____

Home Address _____
Street City State Zip Code

Father's Name _____ Address _____

*Father's Age _____ Occupation _____ Business Phone _____

*Father's Race _____ *Educational Level _____

Mother's Name _____ Address _____

*Mother's Age _____ Occupation _____ Business Phone _____

*Mother's Race _____ *Educational Level _____

*Approximate family income level _____ Primary language in home _____

Referred by _____ Phone _____

Address _____

Family Doctor _____ Phone _____

Address _____

Child's
Pediatrician _____ Phone _____

Address _____

Other Physicians
Child Has Seen _____

_____

_____

_____

Has child been to Child Evaluation Center? Yes ___ No ___ Date Completed _____

Has child had evaluation elsewhere? Yes ___ No ___ Place _____

_____ Contact Persons _____

Statement of the Problem

Describe as completely as possible your child's main problems _____

_____

_____

_____

_____

_____

What would you like us to do for your child? For you? _____

_____

_____

_____

_____

_____

Has child attended any schools? If so, please give name, address, and years attended

_____

_____

_____

Please list all children in family, in order of birth (oldest first):

	Name	Sex	birthdate	School Grade	Problems
1.	_____	____	_____	_____	_____
2.	_____	____	_____	_____	_____
3.	_____	____	_____	_____	_____
4.	_____	____	_____	_____	_____
5.	_____	____	_____	_____	_____

Please list any other persons living in the home:

Name _____ Relationship to Child _____

_____ _____

_____ _____

Additional Comments.

By my signature below, I hereby give my consent to the ECE-SMH Center at ASU to begin evaluation and intake procedures leading to possible placement of my child, identified in this application, in their program.

_____
Signature of Parent or Guardian

Name of person filling out application if other than parent or guardian: _____

Relationship to Child _____

*These questions are optional. The information provided will be used solely by the ECE-SMH Center staff to better serve the child and to develop additional programs for SMH children.

ECE-SMH CENTER
Arizona State University
Tempe, Arizona

DEVELOPMENTAL HISTORY FORM

Child's Name _____ Birthdate _____ Age _____ Sex ____

Is child living with parents? _____ If not, with whom? _____

Please state relationship to child _____

A. Pregnancy and Birth History

1. Total number of pregnancies _____ Miscarriages, stillbirths? _____

   Please explain _____

   _____

2. Which pregnancy was this child? _____ Length of pregnancy _____

   Was it difficult? _____

3. Any illnesses, diseases, or accidents during pregnancy? What? _____

   _____

   _____

   _____

4. Was there a blood incompatibility between mother and father? _____

5. Age of mother at child's birth _____ Age of father at child's birth _____

6. Length of labor? _____ Any unusual problems at birth (breech birth,

   caesarean birth, others)? If so, describe _____

   _____

   _____

   _____

7. What drugs were used at delivery? _____ Forceps? _____

8. Child's birth weight _____

9. Were there any bruises, scars, or abnormalities of the child's head? _____

   _____

10. Any other abnormalities? _____

    _____

11. Did infant require oxygen? _____ Child blue or jaundiced at birth? _____ ____

    Was a blood transfusion required at birth? _____

12. Were there any problems immediately following birth or during the first two weeks of the infant's life (health, swallowing, sucking, feeding, sleeping, other)? If so, please describe.

_____

_____

_____

_____

_____

_____

B. Development

1. At what age did the following occur?

   Held head erect when lying on stomach _____ Rolled over alone _____

   Sat alone unsupported _____ Crawled _____ Stood alone _____

   Walked unaided _____

2. Early behavior: active baby? _____ slow or lethargic baby? _____

3. Please check the following as they apply to your child:

	Yes	No	Explain
Cried less than normal amount			
Laughed less than normal amount			
Yelled and screeched to attract attention or express annoyance			
Head banging			
Extremely sensitive to vibration			
Very alert to gesture, facial expression, or movement			
Generally indifferent to sound			

(continued)	Yes	No	Explain
Did not respond when spoken to			
Responds to noises, but not speech			
Difficulty using tongue			
Difficulty swallowing			
Drools a lot			
Difficulty breathing			

C. Medical History of the Child

1. Is your child now under the care of a doctor? _____

Please list all physicians currently treating your child:

_____

_____

_____

_____

_____

2. Is your child taking medication? _____ Type? _____

Reason _____

_____

_____

3. At what age did any of the following illnesses, problems, or operations occur? Please indicate how serious they were.

	Age	Mild	Mod.	Severe		Age	Mild	Mod.	Severe
Adenoidectomy					High fevers				
Allergies					Influenza				
Asthma					Mastoidectomy				
Blood disease					Measles				
Chicken pox					Meningitis				
Chronic colds					Mumps				
Convulsions					Muscle disorder				
Croup					Nerve disorder				
Dental problems					Pneumonia				
Diptheria					Scarlet fever				
Earaches					Tonsillectomy				
Ear infection					Tonsillitis				
Encephalitis					Whooping cough				
Headaches					Other:				
Head injuries									
Heart problems									

4. Has your child ever fallen or had a severe blow to the head? _____ If so, did he lose consciousness? _____ Did it cause a concussion? _____

Did it cause: nausea _____ vomiting _____ drowsiness _____

5. Please describe any other serious illnesses, injuries, operations, or physical problems not mentioned above. _____

_____

_____

_____

_____

6. What illnesses have been accompanied by an extremely long, high fever?

_____

_____

_____

Temperature _____ How long did the fever last? _____

7. Which of the above required hospitalization? _____

_____

_____

8. Where was child hospitalized? _____

_____ How long? _____

Attending physician _____

D. Child's Behavior

1. Eating:

Does child eat well at mealtimes? _____ Does he have snacks? _____

What are they? _____

Does he have any food allergies? _____

What foods are refused? _____

What are favorite foods? _____

Does child eat with the family? _____ If not, where? _____

Can child feed himself? _____ Spoon _____ Fork _____

Any special feeding problems? _____

_____

_____

_____

2. Sleeping:

Child goes to bed at _____ Gets up _____ How soon is child asleep _____

Activities before sleep _____

Naps? _____ Duration _____ Who shares child's room? _____

Any sleeping problems? _____ _____

_____

_____

_____

3. Elimination:

Is child toilet trained? _____ Word or method used to indicate his need to:

urinate _____ BM _____

Any special problems? _____

_____

_____

4. Self Help:

Can child undress himself? _____ Dress himself? _____

Bathing habits _____

Any special problems? _____

5. Plan and Social Interactions:

Does child have a special place to play? _____ _____ _____
indoors outdoors

Time spent outdoors each day? _____

Does child have a special place to keep his toys? _____ Where? _____

Please list toys he plays with _____

Is he careful or destructive with toys? _____

Have you helped him develop habits in this area? _____

Does he play with live animals? _____ What? _____

Does he like music? _____ Books? _____

Does he play with other children? _____

Ages _____ Sex _____

Is child's play self-initiated or dependent on adult suggestions? _____

When playing with others, is his play supervised? _____

If so, by whom? _____

Any problems in play? _____

_____

_____

6. Emotions:

Does child show any definite fears? _____

What has been done about this _____

Does he become angry easily? _____

What makes him angry most often? _____

What, if any, special problems does the child have:

nailbiting _____	thumb sucking _____	crying & whining ____
overactivity _____	aggressiveness _____	others _____
restlessness _____	irritability _____	_____
excitability _____	shyness _____	_____

What are the child's most attractive characteristics? _____

_____

What is most irritating to parents in child's behavior? _____

_____

7. Discipline

What points are most often at issue between parent and child? _____

_____

What methods of control are used most often? _____

What is child's reaction toward these controls? _____

Are there any differences of opinion among members of the household on guiding the child? _____

8. Speech and Language

How much did your child babble and coo during the first 6 months? _____

At what age did he say his first words? _____ What were your child's first few words? _____

Does your child use speech? frequently _____ occasionally _____ never _____

Does your child use gestures? (Give examples if possible.) _____

_____

_____

Which does your child prefer to use? complete sentences _____ phrases _____

one or two words _____ sounds _____ gestures _____

How well can your child be understood? by parents _____ by brothers and

sisters _____ by playmates _____ by relatives & strangers _____

Does your child understand what is said to him/her? Explain: _____

_____

_____

During what activities do you notice your child talking or making sounds more

than usual? _____

_____

Do you think your child has a hearing problem? _____

Give examples of changes you have noticed in your child in the last six months in terms of:

a. speech sounds he uses _____

_____

b. words he uses _____

_____

c. understanding of others _____

_____

d. other areas _____

_____

Please check the following behaviors that you have seen your child so, and explain.

a. responds to angry tone _____

_____

b. responds to friendly tone _____

_____

c. turns when he hears a voice _____

_____

d. shows concern when separated from parents _____

_____

e. shows he knows what waving "bye-bye" means _____

_____

f. responds to smiles _____

_____

g. responds to frowns _____

_____

9. Behavioral Goals

What specifically would you like your child to be doing a year from now that he is not now doing?

1. _____
2. _____
3. _____
4. _____
5. _____

What specifically would you like your child to be doing more of a year from now?

1. _____
2. _____
3. _____
4. _____
5. _____

What specifically would you like your child to be doing less of or not at all a year from now?

1. _____

2. _____

3. _____

4. _____

5. _____

E. Provide any additional comments that you feel will help us understand your child.

_____

_____

_____

_____

_____

_____

APPENDIX II

IEP Forms

ECE-SMH Center

INDIVIDUAL EDUCATIONAL PROGRAM: TOTAL SERVICE PLAN

I. IDENTIFYING INFORMATION

Child's Name _____

D.O.B. _____ C.A. _____ Sex _____

Parent(s)/Guardian(s) Names _____

Address _____

_____

Phone _____ Native Language _____

Date of Conference _____

Referred by _____

IEP Coordinator _____

II. PLACEMENT CONFERENCE

Position	Date Informed	Present	Absent	Or Rept	Wr Rept	Signature
Parent(s)/Guardian(s)						
Early Childhood Ed						
Parent Prog Coord						
Speech Pathologist						
Physical Therapist						
Occupat'l Therapist						
Program Director						
Other						

Recommendations for Specific Procedures/Techniques:

III. PLACEMENT RECOMMENDATIONS

Documentation of Eligibility for Program Placement:

Placement and Supportive Services	Person Responsible	% of Time	Entry Date	Review Date	Projectd End Date

Placement and Percent of Time in Regular Educational Setting:

Dissenting Opinion to Program Plan:

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DEPARTMENT OF SPECIAL EDUCATION
TEMPE, ARIZONA

Child's Name _____
DOB _____
CA _____

IEP: TOTAL SERVICE PLAN

Curriculum Area	Level of Performance	Long Term Goals

ECE-SMH Center

IEP: TOTAL SERVICE PLAN
Short Term Objectives

Child's Name _____ Curriculum Area _____

D.O.B. _____ CA _____ Long Term Goal _____

Rationale for Instruction	Conditions under which assessment was made: Parent Observation	Parent Evaluation	Teacher Observation	Teacher Evaluation	Short Term Instructional Objective	Person Responsible	Date Initiated	Date Completed

APPENDIX III

Progress Monitoring Forms

ECE-SMH

PROGRESS MONITORING PROCEDURES

ECE-SMH

Curriculum Area _____ Child's Name _____

Long-Term Goal _____ Manager _____

_____ Implementor _____

_____ Date Initiated _____

_____ Date Terminated _____

Short-Term Objective _____

_____

_____

_____

What skill do I want to teach? _____

_____

_____

Why do I want to teach this skill? _____

_____

_____

What must the child do before I can teach this skill? _____

_____

_____

INSTRUCTIONAL PLAN SHEET

Step	Materials/ Setting	What I do: Cues/Prompt			What the child will do	If child is correct	If child is incorrect	# of times daily	stop or review
		Verbal	Nonverbal	Physical					

PERFORMANCE DATA

SUCCESSIVE PROGRAM SESSIONS

PROGRAM

_____

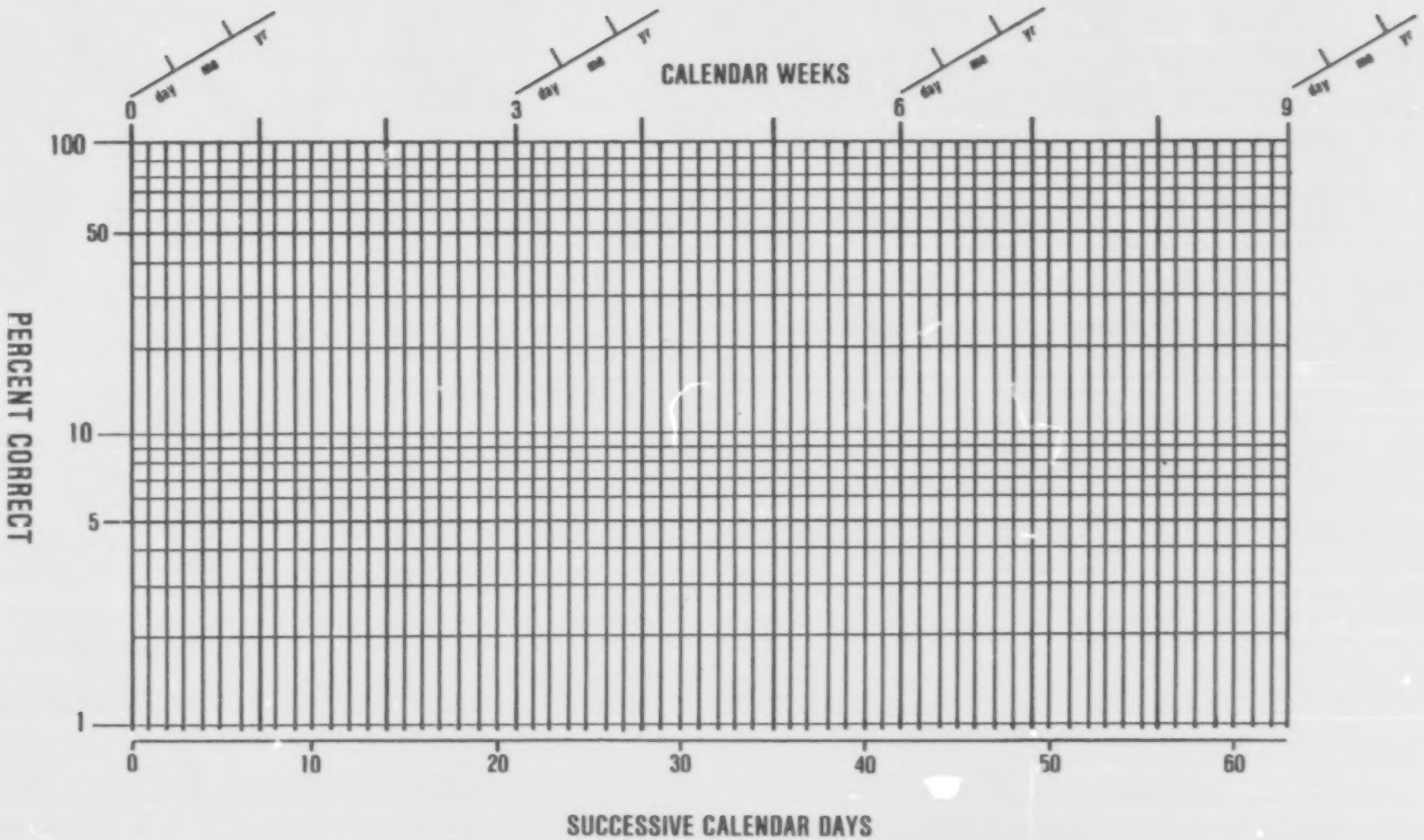
_____

_____

_____

| | | |

9 WEEK PERCENT CHART



Child _____ MONTHLY PROGRAM SUMMARY

Recording Key: A = Absent
As= Asleep
NO= No opportunity
Initials of Implementor

TOTAL TIME

Name of Program/Time	Date:																															

APPENDIX IV

Parent Assessment Forms

- -Parent Services Checklist
- -Parent Checklist
- -Parent Attitude Assessment
- -Parent Participation Log

ECE-SMH CENTER
Department of Special Education
Arizona State University
Tempe, Arizona

Parent Services Checklist

Name of Form	Date Presented	Date of Parent Response
Application for Admission	_____	_____
Authorization to Release Photographs	_____	_____
Authorization to Release Records (Holder to Center)	_____	_____
Authorization to Release Records (Center to Requester)	_____	_____
Cooperation Agreement - Parent/Center	_____	_____
Developmental History Form	_____	_____
Family Program Plan	_____	_____
Infant Behavior Observation	_____	_____
Observation Charts	_____	_____
Observation of General Home Environment	_____	_____
Open Records Policy	_____	_____
Paraprofessional's Initial Screening Interview	_____	_____
Parent Assessment Form	_____	_____
Parent Checklist	_____	_____
Physical Therapy Evaluation	_____	_____
Physician's Statement	_____	_____
Play Observation	_____	_____
Referral Sources Questionnaire	_____	_____
Parent Brochure	_____	_____
Parent Packet	_____	_____
Additions to Packet		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Tempe, Arizona

PARENT CHECKLIST

I. Please rank the following topics according to their importance so that we may plan future meetings to meet all your needs, number 1 being the most important and 7 the least important.

I would like our future meetings to include:

___ 1. Sharing of experiences and feelings on:
   a. how to handle relatives and neighbors
   b. practical techniques for strengthening family ties
   c. how to cope with everyday stress
   d. other: _____

___ 2. General developmental expectations
   a. scope of abilities to be expected
   b. appropriate educational planning
   c. other: _____

___ 3. Issues and values
   a. parents' and children's rights and new laws that affect these rights
   b. education: what's available in special education and what's appropriate
   c. interpersonal, emotional, and communicative development
   d. planning for the future
   e. other: _____

___ 4. Physical development
   a. gross and fine motor development
   b. prescriptive adaptations (positioning seats, devices, etc.)
   c. feeding techniques and adaptations
   d. general stimulation techniques and exercises
   e. other: _____

___ 5. Speech, communication, and hearing
   a. use of alternative communication devices
   b. general techniques for oral stimulation in the home
   c. general techniques for language stimulation
   d. other: _____

___ 6. Behavior
   a. behavior intervention
   b. general techniques for eliminating undesirable behavior
   c. identifying which behaviors are voluntary in nature and which are tied to the child's development
   d. toilet training
   e. group participating (sharing of methods)
   f. other: _____

_____

___ 7. Nutrition
   a. dietary management, eating patterns, and proper nutrition
   b. feeding techniques and stimulation for feeding
   c. other: _____

_____

II. Indicate by ( ) those speakers you would be most interested in hearing.

___ 1. Geneticist (a specialist who counsels in genetics)

___ 2. Pediatric Neurologist

___ 3. Pediatrician

___ 4. Nurse

___ 5. Speech and Language Specialist

___ 6. Occupational or Physical Therapist

___ 7. Child Psychologist

___ 8. Counselor

___ 9. Program Director or School Principal

___ 10. Early Childhood Educator

___ 11. Parents who have raised a handicapped child to share experiences

___ 12. Other _____

III. Comments

1. Please state your most important need at this time.

_____

_____

2. I would like some meetings to be held when my husband/wife can attend.

   Yes _____ No _____ Time _____

3. Transportation to these meetings is a problem for me. Yes ____ No ____

4. Obtaining a sitter for my other children is a problem for me if I am to attend these meetings. Yes ____ No ____

5. Additional remarks: _____

_____

_____

_____

_____

_____

_____

_____

Name (optional) _____

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Arizona State University
Tempe, Arizona

Parent Attitude Assessment

Key: Strongly Agree SA | Agree A | Disagree D | Strongly Disagree SD

1. I understand the purpose of the ECE-SMH Center program.

   SA A D SD

2. I think a parent's first contact with the ECE-SMH program should be in the home.

   SA A D SD

3. The staff members who visited my home were informative and friendly.

   SA A D SD

4. I think a parent's first contact with the ECE-SMH program should be at the on-site location.

   SA A D SD

5. The staff members who visited my home were organized in their approach to the visit.

   SA A D SD

6. I feel it is important to talk to other parents of children in the program.

   SA A D SD

7. I feel comfortable talking with staff members.

   SA A D SD

8. I would like regular meetings with all the parents of project children.

SA A D SD

9. I feel it is important for both mother and father to attend these meetings.

SA A D SD

10. The on-site location is a good place to have large group meetings.

SA A D SD

11. I would feel more comfortable if our parent group meetings would be in parents' homes.

SA A D SD

12. I would eventually like to have a parent meeting in my home.

SA A D SD

13. I feel I've been asked to fill out too many forms.

SA A D SD

14. I feel uncomfortable having students working with my child.

SA A D SD

15. I need more opportunities to conference with my child's teacher.

SA A D SD

16. I would like to observe in the classroom.

SA A D SD

17. I have some unspoken needs of my own that I would like help with, but I'm not sure how to go about it.

SA A D SD

18. I worry about my child's future.

SA A D SD

19. I feel that parents and staff should work together as a team in planning for my Child.

SA A D SD

20. I feel that right now my whole life revolves around my handicapped child.

SA A D SD

21. I would be interested in finding out more about babysitting services for my child.

SA A D SD

22. I would be interested in finding out more about respite care for my child.

SA A D SD

23. I would like to learn more about activities for my child that can be done in the home.

SA A D SD

24. I feel I should be actively involved in my child's educational program.

SA A D SD

25. I feel I need to increase my skills in working with my child.

SA A D SD

26. I feel I need more knowledge about my child and his handicapping condition.

SA A D SD

27. I would like to know more about other handicapping conditions.

SA A D SD

28. I would like to know about community resources related to my family and my child.

SA A D SD

29. It's uncomfortable for me to take my child shopping .

SA A D SD

30. I would like to talk more about how to handle stares from strangers.

SA A D SD

31. I would like to be more involved in the Center program than I am at present.

SA A D SD

32. I would prefer to carry out programs with my own child.

SA A D SD

33. I am interested in carrying out my child's program but prefer teachers working with my child to achieve objectives.

SA A D SD

34. I feel staff members have generally been supportive.

SA A D SD

35. I feel play is an important part of my child's life.

SA A D SD

36. I feel guilty when I can't spend as much time with my child as I want to.

SA A D SD

37. I feel I neglect other family members in order to spend more time with my child.

SA A D SD

38. I would like to do some reading in the area of handicapping conditions.

SA A D SD

39. I feel there is a positive change in my child since entering the ECE-SHH program.

SA A D SD

40. I would like to offer some suggestions about my child's program, but no one has asked for my opinion.

SA A D SD

41. Based on my experience, I feel I could help parents of newly handicapped children.

SA A D SD

42. It bothers me to see the other children in my child's class.

SA A D SD

43. I would like more time with other parents of center children.

SA A D SD

44. What I like the most about the Center program is:

45. The part I like least is:

ECE-SMH CENTER
Department of Special Education
Arizona State University
Tempe, Arizona

Parent _____

Child _____

Parent Participation Log

EVAL. KEY
1 = excellent
2 = very satisfactory
3 = satisfactory
4 = less than satisfactory
5 = poor

Date	Time Spent	Activity	Name of Staff Contact	Evaluation	Comments

APPENDIX V

Staff Development and Improvement Procedure

ECE-S:H Center
Department of Special Education
Arizona State University

Staff Development and Improvement Procedure

A staff development and improvement procedure is completed by each ECE-S:H Center staff member who is involved with children and parents who are enrolled in the Center program. The purpose of the procedure is to determine each staff member's perceptions of needs and attitudes towards providing services to severely and multiply handicapped children from birth to age six and their parents. Information obtained from the self assessment survey is used to pin point general and specific needs that must be addressed in planning for staff improvement activities. General needs are planned for in group inservice sessions while specific needs are met through an individual contract system. Systematic and consistent use of the procedure improves total program effectiveness as well as determines areas that need additional research and training emphasis.

The following steps are followed each year in completing the procedure:

1. The "Staff Development/Improvement Survey" is completed during presession orientation.
2. Compiled information is presented to the staff at a staff meeting. It is discussed and objectives for improvement are formulated by September 15.
3. Activities to match started objectives are selected and organized into a staff improvement plan for the year by the end of September.

4. Immediately after general staff improvement objectives are determined for the year, the program director begins to meet with individual staff members to pin point specific needs. Individual objectives are formed, activities identified, and a contract drawn up and signed by the staff member and program director. This phase is completed by the 15th of October.

Evaluation of staff development and improvement activities occurs on three levels:

1. Staff evaluates general inservice activities by completing a reaction form as to quality and usefulness of each activity.
2. Individual contract activities are dated when completed.
3. The "Staff Development/Improvement Survey" is repeated in mid May and compared with the results of the September survey.

During the summer this evaluation information undergoes critical analysis to identify weaknesses for procedure revision and refinement.

ECE-SMH CENTER

Department of Special Education

Arizona State University

STAFF IMPROVEMENT AGREEMENT

Staff Member _____ Role _____

Date of Agreement _____ Supervisor _____

General Goal Statement:

Specific Objective	Activity	Completion Date	
		Projected	Actual

ECE-S"H Center
Department of Special Education
Arizona State University
Tempe, Arizona

Staff Development/Improvement Survey

Name _____ Position _____

Instructions: Respond to the items below by circling the appropriate key.

KEY: Strongly Agree SA Agree A Disagree D Strongly Disagree SD

1. The family should be the focus for the services of the ECE-S"H Center.
   SA A D SD

2. I believe that parents have a right to share in establishing goals and strategies for their child's education.
   SA A D SD

3. I feel it is important to look at each family individually with emphasis on specific strengths and needs in order to best plan for each child.
   SA A D SD

4. I believe that all parents should have the same degree of involvement in the ECE-S"H Center program to maximize their and their child's progress.
   SA A D SD

5. I already have in mind the type of family involvement I would like to see and might have trouble being supportive of parents who will not involve themselves as fully as I think they should.
   SA A D SD

6. I feel children grow and develop in spite of their parents instead of as a direct result of parental intervention.
   SA A D SD

7. I am able to see the positive in parents I work with and reinforce them when appropriate.
   SA A D SD

8. I feel I know how to help parents work better with their child to enhance his development.
SA A D SD

9. I feel that the parent knows his child best and I can learn from them ways to work better with their child.
SA A D SD

10. It would make my job easier if I didn't have to deal with parents on a day-to-day basis.
SA A D SD

11. Sometimes "professional" information is best not shared with parents.
SA A D SD

12. I feel it is important to be candid with parents when talking about their child. They don't need information that is sugar coated.
SA A D SD

13. Our center's services should aim to reach the father as well as the mother whenever possible -- even if this means having to give my time for night meetings.
SA A D SD

14. I feel I am capable of providing emotional support to parents.
SA A D SD

15. I would have no problems explaining our program to parents or interpreting their child's program to them in language easily understood by them.
SA A D SD

16. I feel I could encourage participation by parents in the program.
SA A D SD

17. I feel knowledgable about available community resources and could refer parents to the proper agency if asked to do so.
SA A D SD

18. I sometimes have trouble maintaining enthusiasm when working with parents or children.
SA A D SD

19. I feel open to suggestions by other staff members in ways I can work better with parents or children.
SA A D SD

20. I feel I can interpret parents' feelings even though these feelings may be unspoken.
SA A D SD

21. Working with parents who have different values and motivations is a challenge for me.
SA A D SD

22. My personal expectations for my work in the project are realistic and attainable.
SA A D SD

23. I need inservice on ways to effectively communicate with parents.
SA A D SD

24. I need a workshop on ways to help parents.
SA A D SD

25. I need to know about the stages parents of handicapped children go through in accepting their child in order to understand some of their problems.
SA A D SD

26. I need to become better acquainted with literature parents could read and benefit from.
SA A D SD

27. I need to learn more about services provided by community agencies our families might need.
SA A D SD

28. I need to adjust my personal expectations in the project so that I can reach my goals.
SA A D SD

29. I need to know more about nonverbal communication.
SA A D SD

30. I need to engage in staff development programs every week.
SA A D SD

31. I need to engage in staff development programs every two weeks.
SA A D SD

32. I need to engage in staff development programs every month.
SA A D SD

33. I need to learn how to provide positive feedback to parents when I observe their satisfactory behavior.
SA A D SD

34. I need more time with parents in order to understand their needs.
SA A D SD

35. I need more time to spend planning ways to effectively deal with parents and children.
SA A D SD

36. I need to learn to "listen" to parents more than I do now.
SA A D SD

37. I need to be very involved in our parent component.
SA A D SD

38. I need to be only as involved in the parent component as is necessary to do my job.
SA A D SD

39. I need more time to informally work with other staff members.
SA A D SD

40. I need more time planning programs.
SA A D SD

41. I need preservice students who can do some work for me that I don't have time to accomplish.
SA A D SD

42. I need further educational training to do my job more effectively.
SA A D SD

43. I need more experience in order to do a more effective job.
SA A D SD

44. I need some guidelines to use in working with students.
SA A D SD

45. I need more time to observe our children.
SA A D SD

46. I need more time to complete records.
SA A D SD

47. I need more input from other projects about the populations we serve, materials, visits, etc.
SA A D SD

48. I need to be more organized so that I don't have to work on our project at home.
SA A D SD

49. I need more inservice in direct instruction.
SA A D SD

50. I need inservice in making instructional decisions in relation to child progress.
SA A D SD

51. I need inservice on preservice training activities.
SA A D SD

52. I need to know more about the process of dissemination.
SA A D SD

53. I need to know more about the Center goals and objectives.
SA A D SD

54. I need inservice on data collection.
SA A D SD

55. I need inservice on normal child development.
SA A D SD

56. My greatest need right now is _____

_____

_____

_____

57. My goal for myself and the project is _____

_____

_____

_____

58. This is what I'd like to see happen next year _____

_____

_____

_____

APPENDIX VI

Preservice Student Involvement Forms

-Application

-Self-Assessment Inventory

ECE-SMH CENTER
Department of Special Education
Arizona State University
Tempe, Arizona 85281

Application for Preservice Involvement

Name _____ Date _____

Address _____ Phone _____

_____

When do you wish to complete the experience?

Fall _____ Spring _____ Summer _____ Year _____

Do you plan to receive credit?

Yes _____ No _____ No. of hours if yes _____

Describe experiences you have had with children and families (normal and handicapped.)

_____

_____

_____

_____

_____

_____

_____

List Special Education and other related course work that you have completed:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

What is your major at ASU? _____

What are your objectives for this experience?

_____

_____

_____

_____

_____

_____

_____

_____

What days and hours are you available each week? _____

_____

_____

_____

**NOTE!!!

As part of this experience, it is very important for all participants to attend a group seminar that meets each Thursday from 3:00 to 4:30 p.m. Please arrange your schedule accordingly.

If approved for the preservice experience in the ECE-SMH Center, I will follow my prescribed time schedule and other reasonable expectations of the Center staff.

_____
Signature

ECE-SMH CENTER
Department of Special Education
Arizona State University
Tempe, Arizona

Pre and Post Self-Assessment
For Practicum Students*

KEY

5= No opinion
4= Strongly Agree
3= Agree
2= Disagree
1= Strongly Disagree

Directions: Write in the number in the space provided on the right that most accurately describes your current level of skill and/or knowledge for each of the items below.

I. Classroom Skills

A. Design of Instructional situations for Preschool Severely/Multiply Handicapped (SMH) children.

		Pre	Post
1.	I am able to write a task analysis for a specific behavior.	____	____
2.	I am able to construct an instructional sequence based on a task analysis.	____	____
3.	I am familiar with the format and procedure for developing an individualized educational plan (IEP)	____	____
4.	I can describe specific pupil performance levels in the major curriculum areas.	____	____
5.	I can state instructional goals in the major curriculum areas.	____	____
6.	I can write behavioral objectives (long and short term) in the major curriculum areas.	____	____
7.	I can establish teaching priorities in the major curriculum areas.	____	____
8.	I am able to define a given instructional setting to provide for integrated activities across curriculum areas and situations.	____	____
9.	I am able to evaluate effectiveness of my instructional design through use of a systematic approach to evaluation.	____	____

B. Selecting and Developing Materials for Preschool Severely/Multiply Handicapped Children

10.	I am able to analyze instructional materials according to specific child needs.	____	____
11.	I am able to name several commercial materials one might employ to attain specified instructional objectives.	____	____
12.	If I am given a specific instructional objective and relevant entering pupil behaviors, I am able to develop appropriate learning materials.	____	____

*Adapted from Barbara Bateman's The Essentials of Teaching.

		Pre	Post
13.	I am able to report on the effectiveness of instructional materials in attaining behavioral objectives.	___	___
C.	Assessing Performance of the Preschool Severely/ Multiply Handicapped Child.		
14.	I can accurately observe and record pupil behavior in structured and unstructured situations using various systems.	___	___
15.	I am able to evaluate various observation and recording systems and select the one that is most appropriate for the learner, implementor, and setting.	___	___
16.	I am able to assess pupil learning styles on a variety of specified dimensions.	___	___
17.	I am able to record continuous progress and behavior change.	___	___
D.	Managing Consequences for Learning of the Severely/Multiply Handicapped Child.		
18.	I am able to describe systems for reinforcing or changing pupil behavior.	___	___
19.	I am able to assess pupils' reinforcement preferences.	___	___
20.	I am able to use positive reinforcers to change and maintain behaviors.	___	___
E.	Orchestration in the classroom for preschool SMH Children.		
21.	I am able to observe and identify significant aspects of the physical environment that contribute to effective learning.	___	___
22.	I am able to articulate long term and short term goals regarding organization, management and teaching.	___	___
23.	I am able to organize teacher and pupil environment to facilitate management and teaching.	___	___
24.	I am able to manage pupil behavior to facilitate teaching and the attainment of an educational goal.	___	___
25.	I am able to teach to get pupil attention.	___	___
26.	I am able to present appropriate learning stimuli.	___	___
27.	I am able to teach to elicit response from pupil.	___	___
28.	I am able to reinforce and/or correct pupil response.	___	___

	Pre	Post
29. I am able to probe behind and ahead in the curricular sequence to check for maintenance of a skill and to establish pupil needs for the immediate future.	___	___
30. I am able to change a teaching setting during presentation if I see I have planned inappropriately.	___	___
31. I am able to take advantage of spontaneous learning situations by relating them to pupil goals.	___	___

II. Interpersonal Skills and Competencies.

A. Planning implementation of inservice training for teachers and others working with Severely/Multiply Handicapped Children.

32. I can determine my own inservice needs through self-assessment and evaluation.	___	___
33. I recognize available inservice resources to correct my problems.	___	___
34. I can request and use available inservice resources to correct my problems.	___	___
35. I can evaluate the effectiveness of inservice training.	___	___
36. I can implement inservice training activities.	___	___

B. Functioning within the ECE-SMH Center

37. I know the names and positions of staff members of the ECE-SMH Center and go to appropriate people with my needs.	___	___
38. I am able to cooperate with support and supervisory personnel.	___	___
39. I am able to cooperate with peers.	___	___
40. I am able to tolerate divergent points of views.	___	___
41. I am able to accept and incorporate constructive criticism without becomming defensive or unhappy with myself	___	___

C. Communicating with Parents of Preschool Severely/Multiply Handicapped Children.

42. I am able to specify to parents educational goals that are programmed into the pupils' classroom evironment.	___	___
43. I am able to adjust my communication to meet parent needs.	___	___
44. I am able to evaluate the total family situation and make requests for home programming which are realistic and helpful.	___	___
45. I am able to suggest to parents ways in which they can enhance their child's progress.	___	___
46. I am able to admit to parents when I don't know the answer to their questions.	___	___

	Pre	Post
47. I am able to find answers to specific parent questions and relay them to parents.	____	____
48. I am aware of the burdens placed on families of handicapped children and am familiar with the stages they frequently go through in adjusting.	____	____
49. I am able to establish a comfortable partnership with parents based on mutual trust and faith in our mutual concern and caring for their child	____	____
50. I can train parents to change their child's behavior in the home setting.	____	____

Additional Comments and/or Concerns:

_____
Student Signature

APPENDIX VII

Parent Program Evaluation Form

Model Center for the
Early Childhood Education of
the Severely/Multiply Handicapped

Department of Special Education
Arizona State University
Tempe, Arizona 85281

June 18, 1981

Dear Parents:

The attached evaluation form has been developed to give you an opportunity to evaluate your experiences with the ECE-SMH Center Program. We would appreciate your frank reaction to all items included on the form. This evaluation is anonymous and you should not identify yourself.

After completing the evaluation, place it in the return envelope and return it directly to a Center staff member or by mail by July 15, 1981. All completed forms will be compiled to become part of our final report to the Office of Special Education.

We appreciate your prompt attention to this matter.

Sincerely,

Thomas G. Roberts

Thomas G. Roberts, Ph.D.
Director, ECE-SMH Center Project

ECE-SMH Center
Department of Special Education
Arizona State University
Tempe, Arizona

Parent Program Evaluation Form

Directions: Please circle the appropriate response for each of the following items.

Key: Strongly Agree SA | Agree A | Disagree D | Strongly Disagree SD | No Opinion NO

1. Intake Procedures facilitated the gathering of essential information to admit my child to the ECE-SMH Center Program.
SA A D SD NO

2. I was given the opportunity to attend and provide input during my child's admission staffing.
SA A D SD NO

3. My child's teacher worked closely with me in developing my child's individualized educational plan (IEP).
SA A D SD NO

4. I was pleased with my child's IEP.
SA A D SD NO

5. ECE-SMH Center staff members who visited my home were informative and friendly.
SA A D SD NO

6. ECE-SMH Center staff members who visited my home were well organized.
SA A D SD NO

7. I felt/feel comfortable talking with staff members.
SA A D SD NO

8. Parents of children in the Center program and staff members worked as a team.
SA A D SD NO

9. ECE-SMH staff members were/are supportive.
SA A D SD NO

10. I have been actively involved with updating my child's IEP.
SA A D SD NO

11. I was/am comfortable having ASU students working with my child.
SA A D SD NO

12. ASU students were/are effective in carrying out my child's programs.
SA A D SD NO

13. I needed/need to be more involved in the Center program.
SA A D SD NO

14. I needed/need more opportunities to conference with my child's teacher.
SA A D SD NO

15. I needed/need to learn more about home activities for my child.
SA A D SD NO

16. I was/am interested in carrying out my child's program, but preferred teachers working with my child to achieve objectives.
SA A D SD NO

17. I wanted/want to offer suggestions about my child's program, but no one has asked for my opinion.
SA A D SD NO

18. There has been a positive change in my child's behavior since entering the ECE-SMH Program.
SA A D SD NO

19. I am more confident in handling my child since entering the ECE-SMH Center.
SA A D SD NO

20. I am prepared to carry out programs with my own child.
SA A D SD NO

21. The Center was a good place to have parent meetings.
SA A D SD NO

22. I would have liked more meetings with all the parents of Center children.
SA A D SD NO

23. I felt/feel the project encouraged the fathers and mothers to attend parent meetings.
SA A D SD NO

24. I was given an opportunity to share information with other parents of children in the program.
SA A D SD NO

25. I worry about my child's future after he leaves the ECE-SMH Program.
SA A D SD NO

26. I felt/feel that the ECE-SMH Program encouraged me to become too involved with my handicapped child.
SA A D SD NO

27. It bothered me to see the other children in my child's class.
SA A D SD NO

28. Based on my experience in the ECE-SMH Program, I feel I could help parents of newly handicapped children.
SA A D SD NO

29. The ECE-SMH Program taught me about my child's handicapping condition.
SA A D SD NO

30. The ECE-SMH Program taught me about other handicapping conditions.
SA A D SD NO

31. I was informed about community resources related to my family and my child.
SA A D SD NO

32. I would recommend the program to other parents.
SA A D SD NO

33. I feel more optimistic about my child's future.
SA A D SD NO

34. Based on my experience in the ECE-SMH Center Program, I can now teach my child.
SA A D SD NO

35. My experiences in the Center Program have taught me to be a better advocate for my child.
SA A D SD NO